




MEMORANDUM

TO: Mayor and Council Members

FROM: Joseph Chacon, Chief of Police 

DATE: June 10, 2022

SUBJECT: Mental Health Crisis Call Diversion Program Data

The Austin Police Department (APD) Emergency Communications Center, in collaboration with Austin-Travis County Integral Care developed its Mental Health Crisis Call Diversion (CCD) program in the fall of 2019. Guided by the Meadows Mental Health Policy Institute's 2019 study, the CCD Program focuses on diverting appropriate mental health related 9-1-1 calls received by APD's Emergency Communications Center (ECC) to a Center Crisis Clinician (C3) embedded on the ECC Operations Floor. The C3 position serves as an add-on service to a 911 Operator answering an emergency call with a suspected or confirmed mental health crisis component.

The goal is to engage the caller in addressing mental health issues in the mental health treatment system as opposed to the criminal justice system. A mental health crisis is a health crisis, not necessarily a public safety crisis, and deserves a health care response. People experiencing a mental health crisis have better outcomes when they receive the special care they need. The C3 provides callers with complete triage screenings, assists with de-escalation of crisis, completes safety planning, dispatches Integral Care's crisis teams, and provides other community referrals as necessary.

On February 1, 2021, the APD ECC added Mental Health Services as a fourth option when community members call 9-1-1, the first ECC in North America to add mental health services as an option when someone calls 9-1-1. Adding the fourth option not only allows the caller to self-identify, it also alerts the 911 Operator of a potential mental health component. Further, the option lets our Austin community know APD views a mental health crisis worthy of a specialty response the same as a police, fire, or medical emergency.

The CCD program evolved over the past two and a half years and became increasingly successful. The program began with one Integral Care clinician providing partial availability. Now the program has one (1) Integral Care Team Manager, two (2) Team Leads, sixteen (16) clinicians, and one (1) Advanced Nurse Practitioner located at the ECC. There is always one (1) clinician available 24/7 and during peak hours, there are as many as three (3) clinicians available to receive calls.

A diversion occurs when the C3 assists the caller with the caller's crisis without sending a patrol officer to the caller's location. If a caller refuses C3 assistance and/or demands to speak with an officer, the C3

will send the caller back to a 911 Operator to create a call for service for police response. The program's diversion rate is ~82%.

CCD Program Data:

- 9-1-1 Calls identified with a potential or confirmed mental health crisis
 - CY2020: 43,646
 - CY2021: 48,408
 - CY2022: 28,129 (YTD)
- 9-1-1 Calls transferred to the C3
 - CY2020: 1,526
 - CY2021: 5,699
 - CY2022: 4,785 (YTD) 7,800 (projected)

CCD Diversion Data:

- FY21 1st Quarter: 438
- FY21 2nd Quarter: 601
- FY21 3rd Quarter: 914
- FY21 4th Quarter: 1,106
- FY22 1st Quarter: 1,145
- FY22 2nd Quarter: 1,149

Primary Presenting Concerns CY2021:

- Behavioral: 11%
- Cognitive Issues: 7%
- Family Conflict: 4%
- Housing: 4%
- Mood/Affective Disorder: 12%
- Psychosis: 44%
- Substance Issues: 4%
- Suicidal Ideations: 14%

Primary Outcome Data CY2021:

- Transfer Back to 9-1-1: 18%
- Call Disconnect (not eligible for callback): 9%
- Callback Roster: 9%
- Community Resources Provided: 9%
- EMCOT Dispatch: 13%
- Emotional Support: 25%
- Integral Care Team Follow-up: 16%
- Referred to Psychiatric Emergency Services: 1%